FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
NAME OF COMMITTEE (in f	(Check if name Example: If typying, typ	Office use only  12FE4M5
National Ventu	re Capital Association VenturePAC	
1		
ADDRESS (number and s	1655 N. Fort Myer Dr.	
(Check if address	Sujte,850	
is changed)	Arlington	VA 22209 – 111
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	mmyers@nvca.org	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address	www.nvca.org	
is changed)		
2. DATE M M M 1 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00150367	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED	(A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, co	orrect and complete
	Treasurer Mr. Mark Heesen	
Type or Print Name of	Treasurer	
Signature of Treasurer	Electronically Filed by Mr. Mark Heesen	Date
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing the	
Office Use Only	For further inform Federal Election C Toll Free 800-424-	ommission FEC FORM 1 -9530 (Revised 02/2009)